

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017385

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3848

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 17 1963

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital (D.O.A.) Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 2616 Osage Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ferdinand W. Blase | | 4. DATE OF DEATH Month Day Year April 2, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/9/1897 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionary | 9b. KIND OF BUSINESS OR INDUSTRY Self-Employed | 10. BIRTHPLACE (City and state or country) Worden Illinois | 11. CITIZEN OF WHAT COUNTRY U.S.A. |
| 12a. FATHER'S NAME Henry Blase | | 12b. MOTHER'S MAIDEN NAME Minnie Henken | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 14. SOCIAL SECURITY NO. None | |
| 15. NAME OF INFORMANT Etta Blase | | 16. ADDRESS 2616 Osage | |
| 17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage of Lung. DUE TO (b) Cu of Lung RT DUE TO (c) 163x | | INTERVAL BETWEEN ONSET AND DEATH. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 2/1/62 to 4/4/63 and last saw her alive on 3/18/63 Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Thos. Schumacher | | 22b. ADDRESS 40755 Grand 22c. DATE SIGNED 4/7/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Apr 6, 1963 | 23c. NAME OF CEMETERY OR CREMATORY New Saint Marcus | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
| 24. FUNERAL DIRECTOR Schumacher 3013 Meramec Str. | | 25. DATE RECD. BY LOCAL REG. APR 4 1963 REGISTRAR'S SIGNATURE Joan Smith M.D. | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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DR E C KIENZLE

4075 So. Grand

PL 2-7370 1PM

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Lucido

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack Wanept

Licensed Embalmer No. 4746

P. O. Address St Francis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.